

Stoney Pointe Pet Hospital
 3999 Buffalo Rd.
 Rochester, NY 14624
 585-594-2222
 www.spahc.com



Client Questionnaire

Thank you for giving us the opportunity to care for your pet(s)! Please complete the following information:

Owner(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home#: _____ Cell#: _____ Employer: _____ Work#: _____

Spouse Employer: _____ Work#: _____ Cell#: _____

Drivers License#: _____ E-Mail Address: _____

Other than the owner(s), who is authorized to make treatment decisions?: _____

Other than the owner(s), who else may drop off/pick up the pet(s)? _____

| | Pet 1 | Pet 2 | Pet 3 |
|---------------------|---------------|---------------|---------------|
| Pet Name: | | | |
| Species: | Canine Feline | Canine Feline | Canine Feline |
| Breed: | | | |
| Color: | | | |
| Sex Male/Female: | M or F | M or F | M or F |
| Neutered/Spayed: | Y or N | Y or N | Y or N |
| Date Of Birth: | | | |
| Health Problems: | | | |
| Medications: | | | |

History of seizures, illness, or Drug Allergies? _____

Aggressive and/or Afraid? _____ What brand of food is your pet on? _____

Have you or your pet been to another veterinarian before? Y or N Reason for leaving? _____

How did you hear of our practice? _____ If client referral please list client name: _____

I hereby authorize Stoney Pointe Pet Hospital to examine, prescribe for, or treat the above pets. I also assume full responsibility for all incurred expenses in the care of my pets, including any collection or attorney fees. I understand there is a \$25.00 fee for broken appointments without advanced notice.

Signature: _____ Date: _____

****FULL PAYMENT IS DUE WHEN SERVICES ARE RENDERED****